STATEMENT OF

RECEIVED

FORM 1	ORGANIZATION				FEC M	-5 AM 9: 36 Aprile Use Only TE CENTER
1. NAME OF COMMITTEE (in	n full)	(Check if name is changed)	Example:	If typing, type ines.	12FE4M5	WE CENTER
VERMONT SENATORIAL CAUCUS						
ADDRESS (number a	nd street) P. (D. BOX 839)4			
(Check if a is changed)	ddress DE	RAY BEA	CH		FL (33482
		C	CITY		STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) UnitedStatesSenatorialCaucuses@yahoo.com (Check if address is changed)						
COMMITTEE'S WEB PAGE ADDRESS (URL)						
(Check if is change						
2. DATE Î0 ^M 29° 2012 °						
3. FEC IDENTIFICATION NUMBER C						
4. IS THIS STATEMENT NEW (N) OR AMENDED (A)						
I certify that I have	examined this Stater	nent and to the best	of my knowl	edge and belief it	is true, correct a	and complete.
Type or Print Name	of Treasurer RI	CHARD KE	EVINS	TON		
Signature of Treasure	er King				Date 10°	´ 29° ´ 2012 `
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.						
Office Use			Fede	urther information coral Election Commission		FEC FORM 1